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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,320	07/17/2003	Guy W. Bemis	VPI96-16CON	4334

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EXAMINER	
RAO, DEEPAK R	
ART UNIT	**PAPER NUMBER**
1624	

DATE MAILED: 09/06/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/622,320	BEMIS ET AL.	
	Examiner	Art Unit	
	Deepak Rao	1624	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *23 June 2005*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *3,8-15,18-23 and 25-37* is/are pending in the application.

4a) Of the above claim(s) *13* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *3,8-12,14,15,18-23 and 25-37* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date *04162004*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

SO.O

DETAILED ACTION

Claims 3, 8-15, 18-23 and 25-37 are pending in this application.

Election/Restrictions

Applicant's election without traverse of Group I*, claims 3, 8-12, 14-15, 18-23 and 25-37 drawn to pyridine compounds of formula (Ie) or (Ig) in the reply filed on June 23, 2005 is acknowledged.

**Note:* *Applicant did not indicate "Group I" as the elected group, however, as the response clearly indicated that "claims 3, 8-12, 14-15, 18-23 and 25-37, drawn to pyridine compounds of formula (Ie) or (Ig)" which is consistent with the description of Group I of the restriction. Accordingly, it is acknowledged that the elected invention is Group I.*

Claim 13 is withdrawn from further consideration pursuant to 37 CFR 1.142(b) as being drawn to a nonelected invention, there being no allowable generic or linking claim. Election was made **without** traverse in the reply filed on June 23, 2005.

Claim Rejections - 35 USC § 112

The following is a quotation of the first paragraph of 35 U.S.C. 112:

> The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 26-37 are rejected under 35 U.S.C. 112, first paragraph, because the specification, while being enabling for a method of treating rheumatoid arthritis, does not reasonably provide enablement for a method of treating all other diseases or preventing

the diseases of the instant claims. The specification does not enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to use the invention commensurate in scope with these claims.

In evaluating the enablement question, several factors are to be considered. Note *In re Wands*, 8 USPQ2d 1400 and *Ex parte Forman*, 230 USPQ 546. The factors include: 1) The nature of the invention, 2) the state of the prior art, 3) the predictability or lack thereof in the art, 4) the amount of direction or guidance present, 5) the presence or absence of working examples, 6) the breadth of the claims, and 7) the quantity of experimentation needed. The determination that "undue experimentation" would have been needed to make and use the claimed invention is not a single, simple factual determination. Rather, it is a conclusion reached by weighing all the above noted factual considerations.

The scope of the claims is not adequately enabled solely based on the activity related to p38 kinase related activity provided in the specification. First, the instant claims cover 'diseases' that are known to exist and those that may be discovered in the future, for which there is no enablement provided. The use disclosed in the specification is as pharmaceutical therapeutic agents having p38 kinase inhibitory activity, useful to treat a laundry list of diseases, which include inflammatory diseases, neurodegenerative disorders, viral diseases, destructive bone diseases, proliferative diseases, etc. Test procedures and assays are provided in the specification at pages 91-109 and IC_{50} data for some of the exemplified compounds is provided in the Tables, however, there is nothing in the disclosure regarding how this *in vitro* data correlates to the treatment of the diverse disorders embraced the instant claims. The disorders encompassed by the instant claims

include neurodegenerative diseases, viral infections, etc., some of which have been proven to be extremely difficult to treat. There is no reasonable basis for assuming that the myriad of compounds embraced by the claims will all share the same physiological properties since they are so structurally dissimilar as to be chemically non-equivalent and there is no basis in the prior art for assuming the same. Note *In re Surrey*, 151 USPQ 724 regarding sufficiency of disclosure for a Markush group.

Enablement for the scope of "inflammatory diseases" or 'inflammation' generally is not present. For a compound or genus to be effective against inflammation generally is contrary to medical science. Inflammation is a process, which can take place individually any part of the body. There is a vast range of forms that it can take, causes for the problem, and biochemical pathways that mediate the inflammatory reaction. There is no common mechanism by which all, or even most, inflammations arise. Mediators include bradykinin, serotonin, C3a, C5a, histamine, assorted leukotrienes and cytokines, and many, many others. Accordingly, treatments for inflammation are normally tailored to the particular type of inflammation present, as there is no, and there can be no "magic bullet" against inflammation generally. Inflammation is the reaction of vascularized tissue to local injury; it is the name given to the stereotyped ways tissues respond to noxious stimuli. These occur in two fundamentally different types. Acute inflammation is the response to recent or continuing injury. The principal features are dilatation and leaking of vessels, and recruitment of circulating neurophils. Chronic inflammation or "late-phase inflammation" is a response to prolonged problems, orchestrated by T-helper lymphocytes. It may feature recruitment and activation of T- and B-lymphocytes, macrophages, eosinophils, and/or fibroblasts. The hallmark of chronic inflammation is

infiltration of tissue with mononuclear inflammatory cells. Granulomas are seen in certain chronic inflammation situations. They are clusters of macrophages, which have stuck tightly together, typically to wall something off. Granulomas can form with foreign bodies such as aspirated food, toxocara, silicone injections, and splinters. Otitis media is an inflammation of the lining of the middle ear and is commonly caused by Streptococcus pneumoniae and Haemophilus influenzae. Cystitis is an inflammation of the bladder, usually caused by bacteria. Blepharitis is a chronic inflammation of the eyelids that is caused by a staphylococcus. Dacryocystitis is inflammation of the tear sac, and usually occurs after a long-term obstruction of the nasolacrimal duct and is caused by staphylococci or streptococci. Preseptal cellulitis is inflammation of the tissues around the eye, and Orbital cellulitis is an inflammatory process involving the layer of tissue that separates the eye itself from the eyelid. These life-threatening infections usually arise from staphylococcus. Hence, these types of inflammations are treated with antibiotics. Certain types of anti-inflammatory agents, such as non-steroidal anti-inflammatory medications (Ibuprofen and naproxen) along with muscle relaxants can be used in the non-bacterial cases. The above list is by no means complete, but demonstrates the extraordinary breadth of causes, mechanisms and treatment (or lack thereof) for inflammation. It establishes that it is not reasonable to any agent to be able to treat inflammation generally.

It is inconceivable as to how the claimed compounds can treat all types of 'viral diseases' or diseases caused due to viral infections. For example, there is no common mechanism by which all conditions due viral infections arise. There are more than 400 distinct viruses that infect humans producing a wide range of diseases. Cecil Textbook of

Medicine states that "for many viral infections, no specific therapy exists. Proper use of antivirals requires specific viral diagnosis" (see the enclosed article, page 1742).

A 'proliferative disorder' is anything that causes abnormal tissue growth. That can be growth by cellular proliferation more rapidly than normal, or continued growth after the stimulus that initiated the new growth has ceased, or lack (partial or complete) of structural organization and/or coordination with surrounding tissue. It can be benign or malignant. Thus, such term covers not only all cancers, but also covers precancerous conditions such as lumps, lesions, polyps, etc. No compound has ever been found to treat cancers of all types generally. Since this assertion is contrary to what is known in medicine, proof must be provided that this revolutionary assertion has merits. The existence of such a "silver bullet" is contrary to our present understanding of oncology. Cecil Textbook of Medicine states that "each specific type has unique biologic and clinical features that must be appreciated for proper diagnosis, treatment and study" (see the enclosed article, page 1004). Different types of cancers affect different organs and have different methods of growth and harm to the body. Also see *In re Buting*, 163 USPQ 689 (CCPA 1969), wherein 'evidence involving a single compound and two types of cancer, was held insufficient to establish the utility of the claims directed to disparate types of cancers'. Thus, it is beyond the skill of oncologists today to get an agent to be effective against cancers generally.

Further, neurodegenerative diseases covers diverse disorders such as Alzheimer's disease, dementia, hereditary cerebellar ataxias, paraplegias, syringomyelia, phakomatoses, and much more. In fact, Layzer, Cecil Textbook of Medicine (article enclosed), states that "some degenerative diseases are difficult to classify because they

involve multiple anatomic locations" (see page 2050). For example, Alzheimer's disease has traditionally been very difficult or impossible to prevent or even to treat effectively with chemotherapeutic agents. See e.g., Cecil Textbook of Medicine, 20th edition (1996), Vol. 2, wherein it is stated that "[t]here is no cure for Alzheimer's disease, and no drug tried so far can alter the progress of the disease" (pg. 1994).

Applicants have not provided any competent evidence or disclosed tests that are highly predictive for the pharmaceutical use of the instant compounds. Pharmacological activity in general is a very unpredictable area. Note that in cases involving physiological activity such as the instant case, "the scope of enablement obviously varies inversely with the degree of unpredictability of the factors involved". See *In re Fisher*, 427 F.2d 833, 839, 166 USPQ 18, 24 (CCPA 1970).

The claims recite the use of the instantly claimed compounds in treating 'angiogenic disorders'. Angiogenesis is the process of vascularization of a tissue involving the development of new capillary blood vessels and therefore, is not seen as being a disease or disorder, but as an absolutely essential body process. Thus, there is no enablement for treating something which is not itself a problem and is indeed essential for life.

(Only a few of the claimed diseases are discussed here to make the point of an insufficient disclosure, it does not definitely mean that the other diseases meet the enablement requirements).

Furthermore, the scope of the method claims 26-37, is not adequately enabled solely based on p38 inhibitory activity provided in the specification. The instant claims are drawn to 'a method of .... **preventing**...' diseases such as neurodegenerative diseases

including Alzheimer's disease, viral diseases including HIV infection, etc., and therefore, the instant claim language embraces disorders not only for the treatment, but for "prevention" which is not remotely enabled. The instant compounds are disclosed have p38 inhibitory activity and it is recited that the instant compounds are useful in the "prevention" of Alzheimer's disease, HIV infection, heart attacks, etc., for which applicants provide no competent evidence. "To prevent" actually means *to anticipate* or *counter in advance, to keep from happening etc.* (as per Websters II Dictionary) and therefore it is not understood how one skilled in the art can reasonably establish the basis and the type of subject to which the instant compounds can be administered in order to have the "prevention" effect. The specification provides assays for the inhibition of p38, ATPase, IL-1, IL-6, IL-8, TNF and COX-2, which relate to mostly inflammatory mechanism. Thus, it is inconceivable as to how the claimed compounds can not only treat but also "prevent" a myriad of diseases with different etiologies. For example, a viral disease such as HIV infection has been known to be treated with a nucleoside analog or a protease inhibitor to disrupt the production of viral protein or DNA. Also, neurodegenerative disease such as Alzheimer's disease has no known cause and has been treated mostly by choline esterase inhibitors to prolong the activity of acetylcholine. A disease such as myocardial ischemia mostly relates to the deposition of plague in the coronary artery. There is no evidence of record, which would enable the skilled artisan in the identification of the people who have the potential of becoming afflicted with the disease(s) or disorder(s) claimed herein.

Thus, factors such as "sufficient working examples", "the level of skill in the art" and "predictability", etc. have been demonstrated to be sufficiently lacking in the use of

the invention. In view of the breadth of the claim, the chemical nature of the invention, the unpredictability of ligand-receptor interactions in general, and the lack of working examples regarding the activity of the claimed compounds, one having ordinary skill in the art would have to undergo an undue amount of experimentation to use the invention commensurate in scope with the claims.

The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 3, 8-12, 14-15, 18-23 and 25-37 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

In claim 3, in the definition of X, the terms " $-S(O_2)-$ " and " $-N(R_2)-$ " are repeated, see page 5, lines 9-11. The term $-S(O_2)-$ appears twice on line 9 and the term $-N(R_2)-$ appears on line 9 and on line 11.

Double Patenting

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. See *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington,* 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent is shown to be commonly owned with this application. See 37 CFR 1.130(b).

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

Claims 3, 8-12, 14-15, 18-23 and 25 are rejected under the judicially created doctrine of obviousness-type double patenting as being unpatentable over claims 1-14 and 24 of U.S. Patent No. 6,632,945. Although the conflicting claims are not identical, they are not patentably distinct from each other because the instant claims substantially overlap the compounds of the reference claims. The reference claims are also drawn to structurally analogous compounds, see formula (Ia) or (Ib) in claim 1 wherein Y is C. The instant claims are subgeneric to reference claims. The reference compounds are taught to be useful as pharmaceutical agents. It would have been obvious to one having ordinary skill in the art at the time of the invention to select any of the species of the genus taught by the reference, including those instantly claimed, because the skilled chemist would have had the reasonable expectation that any of the species of the genus would have similar properties and, thus, the same use as taught for the genus as a whole i.e., as pharmaceutical agents. One of ordinary skill in the art would have been motivated to select the claimed compounds from the genus in the reference since such compounds would have been suggested by the reference as a whole.

Receipt is acknowledged of the Information Disclosure Statement filed on April 16, 2004 and a copy is enclosed herewith.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Deepak Rao whose telephone number is (571) 272-0672. The examiner can normally be reached on Tuesday-Friday from 6:30am to 5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, James O. Wilson, Acting-SPE of 1624, can be reached at (571) 272-0661. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (571) 272-1600.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Deepak Rao
Primary Examiner
Art Unit 1624

September 1, 2005